

DIVISION OF MINING, LAND & WATER  
**DAM SAFETY AND CONSTRUCTION UNIT**



<b>Office Use Only Comments</b>	550 West 7 <sup>th</sup> Avenue, Suite 1020 Anchorage, AK 99501-3562 (907) 269-8636 Fax: 269-8904	<b>Office Use Only Date/Time Stamp</b>
	<b>Office Use Only Receipt Type: DM</b>	

**APPLICATION TO TRANSFER A  
 CERTIFICATE OF APPROVAL TO OPERATE A DAM**

**Instructions:**

- Submit signed application form to above address
- Include fee as indicated below
- Attach copies of existing certificates of approval to operate a dam
- Contact Dam Safety and Construction Unit for additional submittal requirements

Name of Dam: \_\_\_\_\_ AK No. \_\_\_\_\_  
 Certificate Holder: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Fee Attached [Multiply the number of certificates to be transferred by \$300]

New Certificate Holder: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Authorized Representative of Existing Certificate Holder**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized Representative of Proposed Certificate Holder**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

AS 38.05.035(a) authorizes the director to decide what information is needed to process an application for the sale or use of state land and resources. This information is made a part of the state public land records and becomes public information under AS 40.25.110 and 40.25.120 (unless the information qualifies for confidentiality under AS 38.05.035(a)(8) and confidentiality is requested, AS 43.05.230, or AS 45.48). Public information is open to inspection by you or any member of the public. A person who is the subject of the information may challenge its accuracy or completeness under AS 44.99.310, by giving a written description of the challenged information, the changes needed to correct it, and a name and address where the person can be reached. False statements made in an application for a benefit are punishable under AS 11.56.210. In submitting this form, the applicant agrees with the Department to use "electronic" means to conduct "transactions" (as those terms are used in the Uniform Electronic Transactions Act, AS 09.80.010 – AS 09.80.195) that relate to this form and that the Department need not retain the original paper form of this record: the department may retain this record as an electronic record and destroy the original.